24-Aug'22

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Psychological Disorders

Disorder → Behavioural + Biology
Psychopathology → More emphasis on biological aspects of disorder.

→ Normal
Derived from 'norm', which means certain written or unwritten rule which people living in specific area are expected to follow.

→ Abnormal
Characters of abnormality that are globally accepted. The 4D's are-

- Danger
Any behaviour that is dangerous to self and others is abnormal.
- Deviance
Deviance from ~~social~~ culture norms is an abnormal behaviour.
- Dysfunction
Any behaviour interfering with day to day functioning is abnormal
- Distress
Feeling of being upset, loss of energy & negative thoughts

SHOUT
SHARE
IT

→ 2 major perspectives of abnormality

- Deviance from social norms
Any behaviour that deviates from norms of the society is considered abnormal
- Maladaptive
Hamper in well-being and adaptation

→ History of Abnormal Ψ / Clinical Ψ / Ψpathology

- Historical/ Ancient Approach
Belief that some supernatural force has effected a human being & the way they behave is due to this force.

- Biological/ Inorganic Approach
Imbalance between brain & bodies is responsible for abnormality.

- Psychological Approach
Psychology separates from philosophy. There is entity except brain & bodies in human. Malfunction or problem in that entity is responsible for abnormal behaviour

- Organismic Approach - Dualism
Hippocrates. Socrates developed organismic approach. Hippocrates → Galen

Mind / Body Dualism. Both interact to form a personality or behaviour When this interaction is disturbed, abnormal behaviour occurs.

Medicine + Rehabilation
↓ ↓
Body Mind

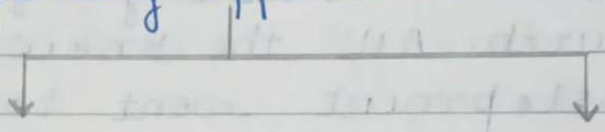
- Middle Ages — St. Augustine
It is also known as Dark Age. Knowledge of human being started redarting by the priest or Church. All the knowledge & development went back to Ancient approach. St. Augustine wrote about mental crisis going on. Other
** than religion, people face some mental anguish which is due to some desires, internal crisis which leads to abnormality or disorders.

- Renaissance
Re-birth of the knowledge tradition. People started questioning the preachings of the church & this no. grew. People started challenging church. Started questioning the prevailing practices. People started believing in scientific techniques. Science regained its importance. Reform Movement → deinstitutionalisation

Reform movement started because all the mal practices & ill-treatment with mentally-disturbed reached its peak & people realised that it was wrong.

Deinstitutionalisation → community care was provided to mentally-ill people. Eg - they were taught how to cook, etc. Activities which required less cognitive actions.

- Contemporary Approach



Age of Reason

Bio-Psycho-Social Approach

Characterised by liberated minds. bio-psycho-social app. is also called interactional approach. All three biology, psychology & social environment are responsible & lead to the disorders

→ Classification of Disorders

It refers to the process of categorizing the disorders & putting disorders with similar symptoms in same category.

Two main classifications

ICD-10	DSM-5
• International classification of Diseases developed by WHO.	Diagnostic and Statistical Manual of Mental Disorders
• It is officially used in India to classify disorders.	Developed by APA (American Psychiatric Association) DSM-IV-TR (Text Revision)
• Used by medical professionals	Used by mental health professionals
• Revised every 5 years.	

→ Factors Underlying Abnormal Behaviour

- Biological
- Genetic
- Psychological
- Socio-cultural
- Diathesis Stress Model

New name of ICD - International classification of Diseases & Behavioural Disorders

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- Biological Approach
Faulty genes
Endocrine imbalance
Malnutrition injuries
Assumption - body has some biochemical imbalances that lead to abnormal behaviour / disorders.
Endocrine imbalance -
↑ GABA = ↑ Sleep
↓ GABA = ↑ Anxiety
↑ Dopamine = ↑ Schizophrenia
↓ Dopamine = Parkinsons, restless leg syndrome, depression

Gamma - aminobutyric Acid (GABA) - It is a neurotransmitter

↓ Serotonin = Depression
↑ Serotonin = Restlessness, hallucinations, confusion

Parkinsons: Neurological disease, caused when brain cells start to degenerate. Evident in old age.

Restless leg Syndrome: Twitching of in legs (nerves). Urge to move legs.

Syndrome	Disease
Group of symptoms that together form characteristic of a specific disease or disorder.	Any impairment caused to the normal state of living in response to environment

- Genetic Approach
Part of biological factors and are more detailed.

Heredity

Depression Schizophrenia Multiple Personality Disorders Bipolar

Some abnormality

~~Something wrong~~ in the DNA of the person which gets transformed DNA replication undergoes some problems due to change in nucleosides or change in proportion of amino acids. Change in no. of chromosomes may also lead to any non-function in the DNA duplications.
Disorders pass on to other people due to its cause in blood relations.
Schizophrenia: Psychotic disorder.
Affect person's ability to

think, feel and behave.
Bipolar: Two poles of your mood develop bipolarity — Happiness and sadness.
Too happy — Mania
Too sad — Depression
Multiple Personality Disorder: When two or more personality traits are present in a person which are different.

- B Psychological Factors

(a) Psychoanalytical — Freud
Instincts — parallel with aggression
Unconscious mind — symptoms develop.
Use of defence mechanisms — Ego is fragile and cannot defend itself in ~~hormonal~~ normal circumstances. Ego is weakend & cannot empower itself.

(b) Behaviourism
Every response is a behaviour.
Every behaviour is learned & can be unlearned.
Abnormality is an adaptation from environment. Environment can be your social circle, family, school, etc.
Example — Learning from the

interaction within your family members (mother, father, brother) and transferring that behaviour to other people out in the environment.

(c) Humanistic Existential
- Assumption by Abraham Maslow If any person is not able to reach the self-actuatisation (unable to fulfill his/her basic needs), this crisis leads to abnormal behaviour in that person. They are not able to meet their potential.
- Existential Factor
Purpose and meaning of life
When you question your life and you find no valid solutions or answers, the crisis caused leads to abnormality.
Example- Why am I existing in this world?
- Therapy in providing solution to the person in existential crisis is Existential Therapy (Logo Therapy) and it helps the person to focus on his/her present scenario and make them come out of their crisis (which generates abnormality)
- Therapy in providing solution to

the person in humanistic crisis is Client Centered Therapy in which the client is the major focus and finds way to achieve their basic needs & skills.

(d) Cognitive

Human beings have high order thinking skills and if it gets maladaptive due to any distorted thought process going in a person it leads to the crisis & development of abnormality.

Irrational / maladaptive thoughts → problematic functioning → symptoms of disorders

Irrational or unrealistic thoughts are developed from any environment or crisis into which the person feels that he is failing

Therapy →

Irrational thoughts are made into rational thoughts by helping the person through various behavioural techniques.

- Socio-Cultural Approach
Abnormality due to socio-cultural factors.
Individualistic – focuses more on self.
Collectivistic – focuses more on society

- Socio-cultural forces → responsible for development of disorders in a person.
Example- In a collectivistic culture, if an event occurs & you get a label for something you did in the event, develops a stress in you because of the interrelatedness and involvment of people.

- Casual remarks that are given to person other than his/her motivation, develops an abnormal (disorder) behaviour in the person if he/she doesn't has power to bear the crisis.
- The strength of collectivistic culture is that the person who might develop disorder due to any crisis may have some people around her/him to support them.
- In individualistic, the person is struggling with themselves and person is self-centered.

- Diathesis Stress Model

↓

Biological Predisposition

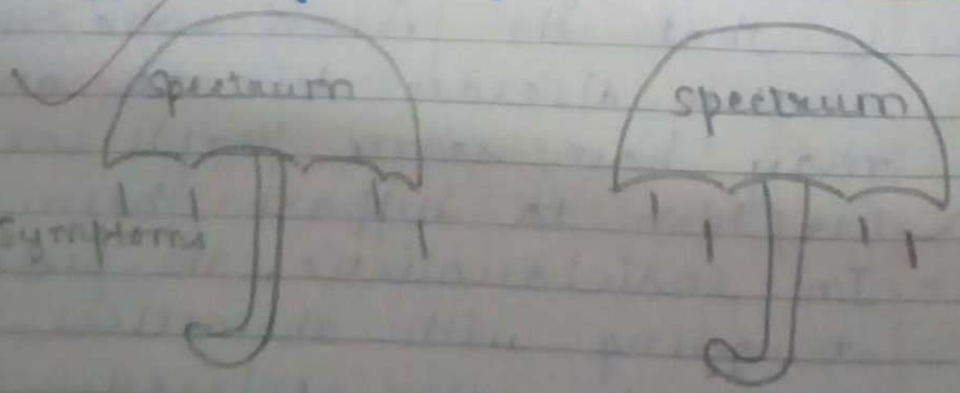
Every person is moving on this continuity.

Abnormal ←————————————→ Normal

If you are continously moving on this, you don't develop any disorder. But if you get stuck on any part of this continuity due to any negative thoughts, or crisis you might develop disorder.

People who have biological predisposition they become vulnerable to develop any disorder When stressful stimulus comes to the person, it exceeds ~~the~~ their coping abilities then this biolog-ical predisposition activates & causes extreme stress. The Diathesis gets triggered.

→ Major Psychological Disorders



Spectrum is an umbrella term which consists of multiple related terms.

- Anxiety Disorders

Anxiety: diffused, vague feeling of fear and apprehension

Diffused
↓
Anxiety is diffused because it is affecting multiple areas of life
When something is diffused its source is unknown
Source of stress is unknown.

Vague
↓
Means undefined. If you ask somebody how they are feeling and they don't know

Fear
Undefined / vague & unnecessary fear.

Apprehension
Refers to concerns & worries related to future
Apprehension is future oriented whereas stress is related to past.

- Separation Anxiety Disorder (SAD)
When you face anxiety due to separation of loved thing or human being.
More common in children.
Example - kindergarden kids separated from parents in school
It can be experienced by thought or real event of separation.

- Generalised Anxiety Disorder (GAD)
It is most prevalant disorder
No. or percentage of cases in a given population means Prevalence.
Ratio / proportion of the no. of cases ~~related per~~ reported per 100 persons in the last 12 months is called Incident.
Root Cause — not identifiable ~~so~~ easily (symptoms)
Mildest form of anxiety
Episodes of GAD when peak — frequency ↑, then the person experiences panic. It also occurs without GAD.

- Panic
Panic episodes lasts from 2 mins to 20 mins and experiences all the symptoms of GAD.
The peak is to a large extent & the person requires immediate

medication.
If a person is experiencing panic, the first aid given should be having a hold on their sensory modalities to as to awaken it.
Client should not be engaged in normal communications.

- Phobia
Irrational fear

(i) Agoraphobia:
Irrational fear of unknown places or unknown situations.
No people involved, only environment is involved.

(iii) Social:
People experience anxiety symptoms when involved in a social circle.
Irrational fear of having a contact with social circle. The situation can be both known & unknown.
Example- When a child meets his relatives they generally ask him/her unusual questions irrespective of the situation. The child develops social phobia and he/she tries to avoid the situation, or questions asked by the relatives.

Environment doesn't influence social phobia.

(iii) Specific Phobia:
Human beings don't come under this.
All other objects who have a tendency to develop a kind of fear / phobia in a person.
Heart rate, breathing pattern, body temperature, cold sweating are experienced by a person having phobia due to any object.
The threat might not be really present in the environment, but the person may develop the phobia if any kind of picture or visuals of threat are there.

- Obsessive - Compulsive Disorders (OCD)

Obsessive - Being preoccupied or experiencing a constant thought. Prominent in your thought processing. It thus reduces functionality of the person, because that constant thought pokes the person entirely.

Compulsive - When this preoccupation gets transformed into a behaviour. Constant thought brings a compulsion to you and the person feels to act upon it and relief it for sometime. If detected in childhood it must be brought to an end.

Comorbidity: 2 ≤ disorders at same time.

(i) Hoardings -
Eng: Collection of and storage of things. Irrespective of situation person has obsessive compulsive thoughts about collecting a thing. These things may not be objects of attachment. Gradually interferes in daily functioning. The decision making to decide how much to keep in possession and how much to discard is lacking. Mind remains preoccupied in collected objects.

(ii) Trichotillomania -
(Picking of hair). Gets triggered when due to anxiety a person starts pucking hairs (mainly of scalp and eyelashes) Person gets obsessive compulsive thought (preoccupation of mind) about thoughts regarding pucking hair. Pain doesn't

stop them.
Excoriation –
(Picking of skin). Triggered by anxiety, people start picking skin, mainly where its sensitive (eg- neck, near nails, etc.) Pain doesn't effect them.

For trichotrillomania and excoriation therapy doesn't work, medical help is required.

- Trauma and Stressor Related Disorders

Stressor and Trauma

1. There is some stressor in environment
2. Trauma is an incident that exceeds your ability to cope (an event).

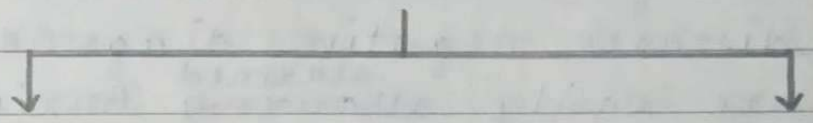
Able to bring stress responses (object, event, person, etc.)

In trauma, person cuts off from reality. Starts experiencing same symptoms as was in original event, person gets flashbacks and nightmares
E.g: Geo-political condition or socio-political conditions, death/war, accident, harrasment/bullying
When they recall it, experience shivers and tremors.

- Post - traumatic stress Disorder (PTSD)
  ↓ ↓
  After Event

Traumatic events, exceeds ability to cope which makes them (people) experience stress. Chronic in nature. Tremors, flashbacks, tightening of muscles, nightmares, hysteric cries, etc. Involuntary movement of hands / legs. Disorder - because happens also without any event acting as trigger.

Other related disorders



Acute Stress Disorder
↓
Whenever you experience stress for 3-6 months i.e. very short period of time. Short-lived stress.

Adjustment Disorders
↓
People find it difficult to adjust & moving to new environment which develops stress in them.

- Somatic Symptoms & Related Disorders
  ↓
  Biological

People experience biological ~~syst~~ symptoms in the absence of actual biological cause. They don't question themselves.

(i) Conversion Disorders —
Reported loss of bodily functions. Paralysis

blindness, deafness, lack of motor control. Can happen when a person is under stress and sudden.

(ii) Somatic symptom disorder —
May or may not be related to a disease. Constant visit to doctors. Preoccupied ~~to~~ with symptoms and worries.

(iii) Illness Anxiety Disorder —
Constant worries about developing an illness. Anxiety about health. Overly concerned about undiagnosed diseases, negative diagonosis and are easily ~~alarming~~ alarmed. Anxiety about health concerns. They question doctors and medicines.

- Dissociative Disorders
Severed connection between ideas & emotions. Feelings of estrangement, depersonalisation, unreality, loss or shift of identity. In this:

(i) Dissociative ~~Amnesia~~ Amnesia —
Extensive but selective memory loss. It has no known organic cause.
Dissociative fugue → It involves unexpected travel away from home or work. Assumption of new identity & unable to recall previous identity. This ends when the person wakes up suddenly with no memory of events that happened during fugue leading to

a lot of stress

(ii) Dissociative Identity Disorder (DID)
Commonly known as Multiple Personality Disorder. Most dramatic, linked to childhood trauma. Assuming another personality ~~~ that may or may not know each other.

(iii) Depersonalisation
Also known as derealisation. Dream-like state where person feels separated from self and reality. Change in self-perception. Sense of reality is temporarily lost or changed. Detachment from reality. Being away from yourself / your ~~att~~ personality. Not a psychotic disorder. It is a split b/w self and reality.

- Depressive Disorders
Depression → refered to symptomes to look for a disorder.
Negative thought pattern
Moving constantly towards abnormality. Person experiences ~~Autonomic~~ # Automatic Negative Thoughts (ANT)
It is a difficult cycle to break.
No happy episode for 3 months.
Person tries to use mask mechanism i.e. pretend.

If ANT goes on for 3 months then -
- Change in sleeping pattern
- Change in eating pattern
- Change in body weight
- Body feels tiredness (fatigue)
- Difficulty in focusing
- Reaction time increases
- Person feels excessive guilt and worthlessness.

Factors leading to Depression -

(i) Heredity or Genetics:
Predisposition of person to depression
Probability of an event.
→ Factors that might trigger the symptoms.

(ii) Age

(iii) Gender:
Girls - Young adulthood (20 yrs)
Boys - Early midage (30 yrs)
→ Because of lot of changes that can be reason for hormonal imbalance.
→ Challenges to accept the stereotypes and social expectations.
→ Male experience it because they try to look for settled source of income.
→ Try to analyze what they have earned.
→ Women report more cases than men.

(iv) Life events
(v) Interpersonal relations
(xi) Social circle that a person cannot trust and is negative.

- Bipolar and Related Disorder
2 different poles
Experiencing two extreme emotions
Too sad - depression
Too happy - mania

Related disorders →
(i) Bipolar I
Extreme form of bipolar
Require medical help / hospital
More severe
Atleast 1 maniac episode & major depressive episodes
Person will get very easily distracted

(ii) Bipolar II
Atleast one episode of hypomania
Hypomania - Means reduced level of happiness.
Person becomes irritable
Episode of abnormal behaviour where mania is reduced.
Easily agitated.
Major depressive episode can last for atleast 2 week
Person with bipolar II will never experience mania.

less severe - doesn't require hospitalisation.

(iii) Cyclothymic Disorder
Cyclic in nature
Sometime mania, for a duration - depression
for a duration they can have a normal episode i.e. no mania or depression.

Features of a person experiencing mania
→ Elevation of energy level
→ Restlessness
→ Difficulty in concentration
→ Feeling of euphoria
→ Changes in ~~idiot~~ ~~p~~ sleep pattern
→ Risky activity accompanying mania

- Suicide can happen in cases of -
PTSD
Depression
Bipolar disorder

Suicides can be prevented by -
- Counselling
- Talking to the person & finding solution
- Creating a healthy environment around. ~~to~~

- Depression (Types)

→ Major Depressive Disorder (MDD)

→ Depression types:

(i) Postpartum Depression
- Depression that new mothers go through after giving birth.
- After child birth

(ii) Seasonal Depression
- Majority of cases are reported in fall / autumn or winter season.

(iii) Comorbidity
- Two disorders, co-existing

(iv) Depression with Psychotic symptoms
- Hallucinations, delusions & catatonia.

- Schizophrenia
- Genetic in nature, highly heriditary and very rare.
- Psychotic disorder which hampers person's personal, social, professional & all areas of life.
- Person loses touch with reality & starts believing their imagination. Patient requires 24 X 7 medical attention.

Symptoms

Positive | Negative | Psychomotor

Positive - Pathological excess
Bizzare additions to behaviour
Delusions
Hallucinations

Speech and Hightened perception

Negative – Pathalogical deficit
Poverty of speech
Blunted effect
Flat effect
Loss of volition (avolition)
Social withdrawl
Alogia

Psychomotor – Odd gestures
Odd grimaces
Less spontaneous movement
Catatonia (Catatonic stupor, Catatonic rigidity and catatonic posturing)

→ Positive Symptoms – (Excessive functionality)
- Excessive perception or Hightened perception
- Too active
- Perceive things beyond the nature.
- Delusions (Alteration in thought process)

Grandeur Persecution Reference Control

'False persistant & inadequate beliefs that are out of social context' is delusion.

(i) Grandeur → Delusion of being the most superior. Exaggerated sense of self-importance. No real situation

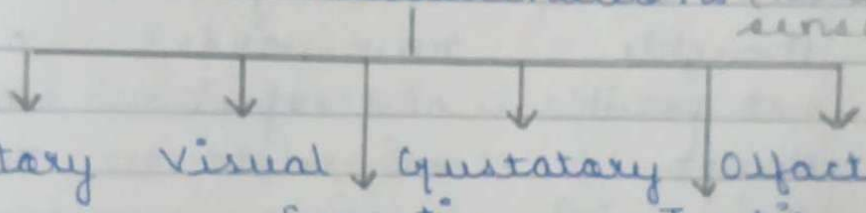
associated. Eg - A lady claiming to be president.

(ii) Persecution → Most common. A belief that everybody around is planning against the person to cause harm or to kill him.

(iii) Reference → Exaggerated sense of that people around them are referring to them

(iv) Control → Delusion of people controlling my life and my outcomes.

- Hallucinations (related to senses)



In absence of actual / real / physical stimulus sensations are registered by an individual. → Hallucination

Substance causing hallucination is called Hallucinogen.

(i) Auditory - Always feel that someone is talking to them.

(ii) Visual - Brain sends signal that something is present in infront of them (without presence of physical or real stimulus).

(iii) Gustatory - Everything tastes weird. Person feels that the food they are eating is poison or tastes like poison.

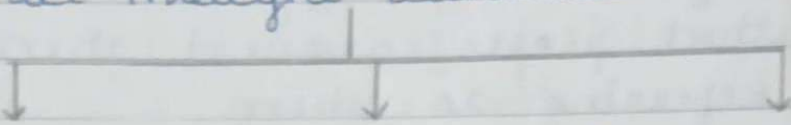
(iv) Tactile - Feels some sensation under

skin E.g. burning, tingling.

(v) Somatic – Within or outside bodily sensations.

(vi) Olfactory – Smell related. Feels smell of poison around them or in food.

– Formal Thought Disorder



Derailment	Neologism	Perseverration
Railment of thoughts not possible. Abrupt change in thought process.	Creating new words, and expect others to understand it	Holding onto a thought, and constantly repeating same thing.

Inappropriate Affect → Showing inappropriate emotion according to situation. Also happens in normal people.

→ Negative Symptoms (Deficit functionality)

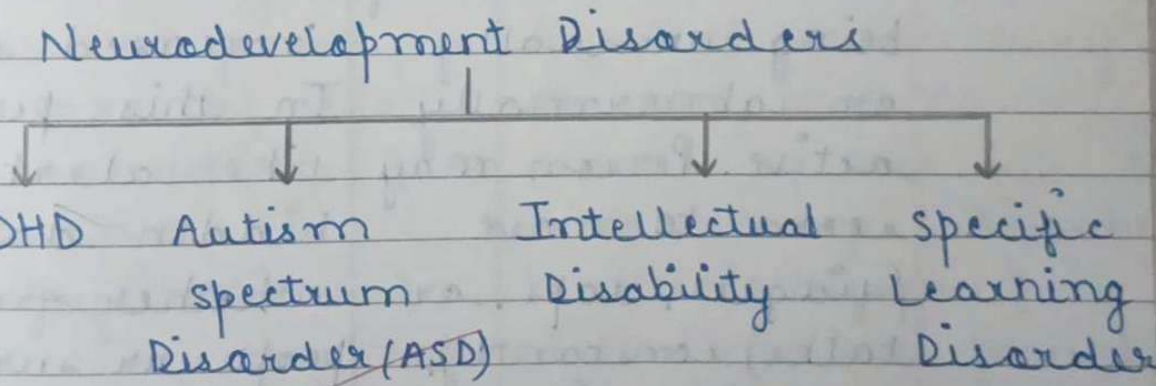
- Alogia → Poverty of speech. May or may not have thoughts.
- Blunted Effected → Showing ~~no~~ less emotions. ~~Not~~ Showing emotion which should be shown (less intensity of)
- Flat Affect → Showing no emotions. We can't say no emotions are left, no emotions display
- Avolition → Apathy & inability to start or complete the action.

Inability to connect with others

- Social withdrawal → withdrawing from social setting.
- Focused on own ideas & fantasies.

→ Psychomotor Symptoms.
- Catatonic Stupor - Motionless & silent for long time.
- Catatonic Rigidity - Rigid, upright posture & ~~awkward~~ for long time.
- Catatonic Posturing - Awkward, bizzare posture for long time.

• Neurodevelopment Disorders
Those neurological disorders which are evident since birth.
Genetic (present from prenatal period)
No relation to injury of brain



Characteristics -
(i) Manifest at early stages of life
(ii) Symptoms appear before the child enters school or in the early years of school
(iii) It hampers the social, academic

and occupational functioning which can lead to delayed age-appropriate behaviour.

- ADHD (Attention Deficit & Hyperactive Disorder)

(i) Inattention → Can't focus on one thing.

(ii) Hyperactivity → Focusing on every stimulus present around.

(iii) Impulsivity → Inable to control their immediate actions or to think before they act.

Ques- Differentiate between hyperactive & hypervigilant.

Ans-

	Hyperactive	Hypervigilant
(i)	It is a state of being unusually or abnormally active. Person may seem to move (fidgets, taps, or talks) constantly, including in situations when it is not appropriate.	It is a state of increased alertness. In this, person feels like alert to any hidden danger, whether from other people or surroundings. Often, though, these dangers are not real.
(ii)	It can be a symptom of ADHD, brain disorders, use of stimulant drug	It can be a symptom of schizophrenia, PTSD or anxiety disorders.

(iii)	Examples - unable to concentrate, unable to sit still, excess-ive talking, cons-tantly fidgeting, interrupting conv-ersations, excessive physical movement, etc.	Examples - overreact to things happening around them, find noisy or crowded places overwhelming, sweating, increased irritability, an overall sense of distrust, etc.

Que- Differentiate between neurotic and psychotic disorders.

Ans-

	Neurosis	Psychosis
(i)	No lack of conta-ct with reality is present.	Loss of contact with reality.
(ii)	Doesn't affect personality.	Affects personality.
(iii)	Affected person is aware of his surroundings & disorder.	Affected person may or may not be aware of his surroundings & disorder
(iv)	Hallucinations & delusions are not present.	Hallucinations & delusions are present.
(v)	Judgement and reasoning is intact.	Judgement and reasoning is impaired
(vi)	Genetic factors are less important.	Genetic factors are more important.
(vii)	Easy to treat.	Difficult to treat.

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Ques- Explain schizophrenia & depression with their symptoms.

Ans-

Depression

Depression refers to a symptom or a disorder. It is described as a psychological condition characterised by a continous sense of unhappiness and lack of interest. Major Depressive Disorder (MDD) is defined as a period of depressed mood and/or loss of interest in most activities. Person experiences Automatic Negative Thoughts (ANT)

Symptoms —

(i) Change in body weight
(ii) Constant sleep problems
(iii) tiredness
(iv) Inability to think clearly
(v) Agitation
(vi) Suicidal thoughts
(vii) Change in eating pattern
(viii) Reaction time increases.
(ix) Feeling of excessive guilt & worthlessness

Schizophrenia

Schizophrenia is a serious mental illness that affects how a person thinks, feels and behaves. People with schizophrenia may seem like they have lost touch with reality and start believing their imagination.

Symptoms—

(i) Positive Symptoms

- Delusions: When a person has strong beliefs that are not true and may seem irrational to others.

→ Delusion of Persecution is most common A belief that everybody around is planning against the person to kill him or cause harm to him.

→ Delusion of Reference, & attach special and personal meaning to the actions of others.

→ Delusion of Grandeur, people belive themselves to be especially empowered.

→ Delusion of Control, people believe that their feelings, thoughts & actions are controlled by others.

- Hallucinations: Perceptions that occur in the absence of external stimuli.

→ Auditory - Person feels that someone is talking ~~to~~ to him.

→ Visual - False visual sensory perceptions in the absence of external stimuli.

→ Gustatory - Everything tastes weird.

→ Tactile - Feels sensations under skin

→ Somatic - ~~Hth~~ Within or outside bodily sensations.

→ Olfactory - Feels smell of poison or snake or food.

- Formal Thought Disorder: Person may not be able to think logically and may speak in peculiar ways.

→ Derailment - Rapidly shifting from one topic to another. Abrupt changes in thought process.
→ Neologism - Inventing new words & phrases.
→ Perseveration - Persistent and inappropriate repetition of same thoughts.

(ii) Negative Symptoms
- Alogia: Poverty of speech. Reduction in speech and speech content.
- Blunted effect: Showing emotions in less intensity
- Flat effected: Showing no emotions.
- Avalition: Apathy & inability to start or complete a course of action.

(iv) Psychomotor Symptoms
- Catatonic stupor: Remain motionless & silent for long stretches of time.
- Catatonic rigidity: Maintaining a rigid, upright posture for hours.
- Catatonic posturing: Awkward, bizzare positions for long time.

- Causes of ADHD
Family, issue, bullying, trauma, ~~over sleep~~ and ~~over eating~~

- ~~Solutions~~ Treatment (ADHD)
Support & acceptance by peers & family, speech & talking activities medicines prescribed (inhibitory drugs).

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- Ratio of ADHD (gender) 1 : 3 .
  1 female and 3 males out of 10.
- Reflex parts in brain function more in a person with ADHD. Frontal lobe is more active than in normal person.

• Autism Spectrum Disorder

- Case of Dr. Shaun (observations)
(i) ~~Was in poor or~~ Talking calmly even when everybody is in panic state.
(ii) No emotions are portrayed
(iii) Confident about his skills
(iv) Sensitive to noises

- Characteristics:
(i) Difficulty in communication and in connecting with the people around.
(ii) Difficulty in understanding.
(iii) Situation inappropriate emotions.
(iv) Learning disability & intellectual disability.

• Specific Learning Disorder.
Person experiences problems in one particular area. Experiences problem in specific kind of information Particularly academic (dislexia or discalculatia). Also show tendency of ADHD.

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- ADHD

1. Inattention

2. Hyperactivity | Impulsivity
- Impulsive
- Unable to control immediate reaction or think before acting
- Minor mishaps are common, common injuries.
- In constant motion, fidgeting, climbing, turning around aimlessly.
- Talk a lot

→ Treatment
Support, love and acceptance by peers & family
Speech and talking activities.
Medicines prescribed (Inhibitory drugs)

→ Causes
Family issue, bullying, trauma, ~~oversleeping~~ & ~~overeating~~.
Gender Ratio of ADHD → Male : Female
3 : 1

- Specific Learning Disorder

→ Difficulty in perceiving or processing information efficiently & accurately.

→ Manifested during early school years.
→ Problems in school in basic skills such as reading, writing & calculations.
→ Performance is below average of similar age group.
→ Additional efforts are needed to perform according to their similar age group.
→ Likely inpairment in functioning & performance of activities or occupation that require skills.

- Disruptive, Impulse Control & Conduct Disorder

↓	↓	↓
Behaviour that harms self or people or property in the surrounding	An urge related to instincts acting without thinking	Behaviour in accordance with the society or people around

- Opposition Defiant Disorder (ODD)

(i) Age inappropriate amount of stubbornness, irritability, defiant, hostile & disobidient behaviour.
(ii) Often ~~irritobility~~ justify behaviours as reaction to circumstances.
(iii) Symptoms become entagled with problematic interactions with others.

- Coduct Disorder (CDD)

(i) Age inappropriate stubbornness & atitude that violate family expectations, societal norms & violation of personal or property rights of others.

(ii) Aggressive actions that theatre or cause harm to people or animals.

(iii) Non-aggressive actions involve causing property damage deceitfulness or theft or rules violation.

→ May Display 4 Types of Aggression

Verbal	Physical	Hostile	Proactive
↓	↓	↓	↓
Through using speech (cuss words Abuse)	Engaging in fight intention; to chane-lise one's own anger	Intention: To harm others. Any kind of harm.	Dominating Bullying & over-powering other people.

- Autism Spectrum Disorder (ASD)

Wide spread impairment in social & communication skills, stereotype patterns of behaviour, interest & activities.

→ Symptoms:

- Marked difficulty in social interaction & communication.
- Restricted range of interest.

- strong desire for routine.
- About 70% also have intellectual deficiency.
- Disorder can comorbid with learning disorder.
- Profound difficulty in relating to other people.
- Unable to initiate social behaviour unresponsive to others feelings and emotions serious abnormalities in language persisting over time.
- Self stimulating motor movements such as flapping of hands, banging head against the wall.

→ Feeding & Eating Disorder

- Anerexia Nervosa

(i) Have distorted sense of body image and always want to be thin.
(ii) Body wants food but person does not want to eat.
(iii) Distorted body image leading to seeing oneself as overweight.
(iv) Person refuses to eat, exercises compulsively in order